



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live.

Joseph E. Kernan
Governor

Lori F. Kaplan
Commissioner

September 17, 2003

100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015
(317) 232-8603
(800) 451-6027
www.in.gov/idem

TO: Interested Parties / Applicant

RE: Torque Traction / 085-18081-00033

FROM: Paul Dubenetzky
Chief, Permits Branch
Office of Air Quality

Notice of Decision – Approval

Please be advised that on behalf of the Commissioner of the Department of Environmental Management, I have issued a decision regarding the enclosed matter. Pursuant to 326 IAC 2, this approval was effective immediately upon submittal of the application.

If you wish to challenge this decision, IC 4-21.5-3-7 requires that you file a petition for administrative review. This petition may include a request for stay of effectiveness and must be submitted to the Office of Environmental Adjudication, 100 North Senate Avenue, Government Center North, Room 1049, Indianapolis, IN 46204, **within eighteen (18) calendar days from the mailing of this notice**. The filing of a petition for administrative review is complete on the earliest of the following dates that apply to the filing:

- (1) the date the document is delivered to the Office of Environmental Adjudication (OEA);
- (2) the date of the postmark on the envelope containing the document, if the document is mailed to OEA by U.S. mail; or
- (3) The date on which the document is deposited with a private carrier, as shown by receipt issued by the carrier, if the document is sent to the OEA by private carrier.

The petition must include facts demonstrating that you are either the applicant, a person aggrieved or adversely affected by the decision or otherwise entitled to review by law. Please identify the permit, decision, or other order for which you seek review by permit number, name of the applicant, location, date of this notice and all of the following:

- (1) the name and address of the person making the request;
- (2) the interest of the person making the request;
- (3) identification of any persons represented by the person making the request;
- (4) the reasons, with particularity, for the request;
- (5) the issues, with particularity, proposed for considerations at any hearing; and
- (6) identification of the terms and conditions which, in the judgment of the person making the request, would be appropriate in the case in question to satisfy the requirements of the law governing documents of the type issued by the Commissioner.

If you have technical questions regarding the enclosed documents, please contact the Office of Air Quality, Permits Branch at (317) 233-0178. Callers from within Indiana may call toll-free at 1-800-451-6027, ext. 3-0178.

Enclosures
FNPER-AM.dot 9/16/03

Mr. Michael Kline
Torque-Traction Manufacturing, Inc.
501 West Railroad Avenue
Syracuse, Indiana 46567

September 17, 2003

Re: 085-18081-00033
Third Notice-Only Change to
MSOP 085-10675-00033

Dear Mr. Kline:

Dana Corporation, Spicer Manufacturing, Inc. was issued a permit on January 24, 2000 for a Minor Source Operating Permit. A letter notifying the Office of Air Quality of a transfer of ownership and name change was received on September 2, 2003. Pursuant to the provisions of 326 IAC 2-6.1-6(d)(2) and (3) the permit is hereby revised as follows:

Dana Corporation-Spicer Manufacturing, Inc., restructured its U.S.-based light axle and light driveshaft operations into several wholly owned subsidiaries. Dana Corporation-Spicer Manufacturing, Inc. located at 501 West Railroad Avenue, Syracuse, Indiana changed ownership to Torque-Traction Manufacturing Technologies, Inc. at the same location. They will operate under the name Torque-Traction Manufacturing Technologies, Inc. Dana Corporation remains as the parent company. The mailing address was changed from the Dana Corporation address and now reflects the address of the source. There was no change to the Authorized Individual.

Due to a name change, all references to the Office of Air Management (OAM) were changed to reflect the new name of the Office of Air Quality (OAQ)

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this letter and the following revised permit pages to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, at (800) 451-6027, press 0 and ask for Gary Freeman or extension 3-5334, or dial (317) 233-5334.

Sincerely,
Original signed by
Paul Dubenetzky, Chief
Permits Branch
Office of Air Quality

PD/gkf

cc: File - Kosciusko County
Kosciusko County Health Department
Air Compliance Section Inspector - Doyle Houser
Compliance Data Section - Karen Ampil
IDEM Northern Regional Office
Permit Review Section 1 - Gary Freeman
Air Programs - Chet Bohannon

MINOR SOURCE OPERATING PERMIT

OFFICE OF AIR QUALITY

Torque-Traction Manufacturing Technologies, Inc.
501 West Railroad Avenue
Syracuse, Indiana 46567

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the emission units described in Section A (Source Summary) of this permit.

This permit is issued to the above mentioned company under the provisions of 326 IAC 2-1.1, 326 IAC 2-6.1 and 40 CFR 52.780, with conditions listed on the attached pages.

Operation Permit No.: MSOP 085-10675-00033	
Issued by: Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: January 24, 2000 Expiration Date: January 24, 2005

First Notice-Only Change 085-12066, issued May 15, 2000

Second Notice-Only Change: 085-12009, issued October 3, 2000

Third Notice-Only Change: 085-18081-00033 Pages Affected: , 27, 29, and 30	
Issued by: Original signed by Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: September 17, 2003

MALFUNCTION REPORT**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
FAX NUMBER - 317 233-5967****This form should only be used to report malfunctions applicable to Rule 326 IAC 1-6
and to qualify for the exemption under 326 IAC 1-6-4.**

THIS FACILITY MEETS THE APPLICABILITY REQUIREMENTS BECAUSE IT HAS POTENTIAL TO EMIT 25 TONS/YEAR PARTICULATE MATTER ?____, 25 TONS/YEAR SULFUR DIOXIDE ?____, 25 TONS/YEAR NITROGEN OXIDES ?____, 25 TONS/YEAR VOC ?____, 25 TONS/YEAR HYDROGEN SULFIDE ?____, 25 TONS/YEAR TOTAL REDUCED SULFUR ?____, 25 TONS/YEAR REDUCED SULFUR COMPOUNDS ?____, 25 TONS/YEAR FLUORIDES ?____, 100 TONS/YEAR CARBON MONOXIDE ?____, 10 TONS/YEAR ANY SINGLE HAZARDOUS AIR POLLUTANT ?____, 25 TONS/YEAR ANY COMBINATION HAZARDOUS AIR POLLUTANT ?____, 1 TON/YEAR LEAD OR LEAD COMPOUNDS MEASURED AS ELEMENTAL LEAD ?____, OR IS A SOURCE LISTED UNDER 326 IAC 2-5.1-3(2) ?____. EMISSIONS FROM MALFUNCTIONING CONTROL EQUIPMENT OR PROCESS EQUIPMENT CAUSED EMISSIONS IN EXCESS OF APPLICABLE LIMITATION _____.

THIS MALFUNCTION RESULTED IN A VIOLATION OF: 326 IAC _____ OR, PERMIT CONDITION # _____ AND/OR PERMIT LIMIT OF _____

THIS INCIDENT MEETS THE DEFINITION OF 'MALFUNCTION' AS LISTED ON REVERSE SIDE ? Y N

THIS MALFUNCTION IS OR WILL BE LONGER THAN THE ONE (1) HOUR REPORTING REQUIREMENT ? Y N

COMPANY: Torque-Traction Manufacturing Technologies, Inc. PHONE NO. : (574) 457 - 4422

LOCATION: (CITY AND COUNTY) Syracuse / Kosciusko

PERMIT NO. 085-10675 AS PLANT ID: 085-00033 AS POINT ID: _____ INP: _____

CONTROL/PROCESS DEVICE WHICH MALFUNCTIONED AND REASON: _____

DATE/TIME MALFUNCTION STARTED: ____/____/19____ _____ AM / PM

ESTIMATED HOURS OF OPERATION WITH MALFUNCTION CONDITION: _____

DATE/TIME CONTROL EQUIPMENT BACK-IN SERVICE ____/____/19____ _____ AM / PM

TYPE OF POLLUTANTS EMITTED: TSP, PM-10, SO₂, VOC, OTHER: _____

ESTIMATED AMOUNT OF POLLUTANT EMITTED DURING MALFUNCTION: _____

MEASURES TAKEN TO MINIMIZE EMISSIONS: _____

REASONS WHY FACILITY CANNOT BE SHUTDOWN DURING REPAIRS:

CONTINUED OPERATION REQUIRED TO PROVIDE ESSENTIAL* SERVICES: _____

CONTINUED OPERATION NECESSARY TO PREVENT INJURY TO PERSONS: _____

CONTINUED OPERATION NECESSARY TO PREVENT SEVERE DAMAGE TO EQUIPMENT: _____

INTERIM CONTROL MEASURES: (IF APPLICABLE) _____

MALFUNCTION REPORTED BY: _____ TITLE: _____
(SIGNATURE IF FAXED)

MALFUNCTION RECORDED BY: _____ DATE: _____ TIME: _____

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION****MINOR SOURCE OPERATING PERMIT
ANNUAL NOTIFICATION**

This form should be used to comply with the notification requirements under 326 IAC 2-6.1-5(a)(5).

Company Name:	Torque-Traction Manufacturing Technologies, Inc.
Address:	501 West Railroad Avenue
City:	Syracuse, Indiana 46567
Phone #:	(574) 457 - 4422
MSOP #:	085-10675-00033

I hereby certify that Torque-Traction Manufacturing Technologies, Inc. is:

- ☒ still in operation.
☐ no longer in operation.

I hereby certify that Torque-Traction Manufacturing Technologies, Inc. is:

- ☒ in compliance with the requirements of MSOP 085-10675-00033.
☐ not in compliance with the requirements of MSOP 085-10675-00033.

Authorized Individual (typed):	Michael D. Kline
Title:	Plant Manager
Signature:	
Date:	

If there are any conditions or requirements for which the source is not in compliance, provide a narrative description of how the source did or will achieve compliance and the date compliance was, or will be achieved.

Noncompliance:

**OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT
SEMI-ANNUAL COMPLIANCE MONITORING REPORT**

Source Name: Torque-Traction Manufacturing Technologies, Inc.
Source Address: 501 West Railroad Avenue, Syracuse, Indiana 46567
Mailing Address: 501 West Railroad Avenue, Syracuse, Indiana 46567
MSOP Permit No.: 085-10675-00033

Months: _____ to _____ Year: _____

This report is an affirmation that the source has met all the compliance monitoring requirements stated in this permit. This report shall be submitted semi-annually. Any deviation from the compliance monitoring requirements and the date(s) of each deviation must be reported. Additional pages may be attached if necessary. This form can be supplemented by attaching the Emergency/Deviation Occurrence Report. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.

9 THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD.

Compliance Monitoring Requirement (e.g. Permit Condition D.1.3)	Number of Deviations	Date of each Deviation

Form Completed By: _____

Title/Position: _____

Date: _____

Phone: _____

Attach a signed certification to complete this report.